



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 131356		2. Exact name of the limited liability company GREEN SEASONS TURF MANAGEMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Landscaping	
5. Principal office address 75 Thomas Lane		City Cranston	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Guido R. Salvadore		Contact Title Registered Agent	
Street Address 10 Weybosset St., Suite 303		City Providence	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name James E. Diko		Manager Name Brenda J. Diko	
Street Address 75 Thomas Lane		Street Address 75 Thomas Lane	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name GUIDO R. SALVADORE, ESQ.		Address	
Address 10 WEYBOSSET STREET, SUITE 905		City PROVIDENCE	Zip 02903

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 05 SEP 20 11:23

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 10/6/05 131356\*

Check No. 392

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 09/06/05  
 Signature of Authorized Person Date  
 James E. Diko  
 Print or Type Name of Authorized Person



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1 ID No. 131356		2 Exact name of the limited liability company GREEN SEASONS TURF MANAGEMENT LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island	
5 Principal office address 193 Mohawk Trail 75 Thomas Lane		City Cranston	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Guido R. Salvadore, Esq.		Contact Title Registered Agent	
Street Address 10 Weybosset Street, Suite 905		City Providence	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
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Street Address 193 Mohawk Trail 75 Thomas Lane		Street Address 193 Mohawk Trail 75 Thomas Lane	
City Cranston	State RI	Zip 02921	City Cranston
			State RI
			Zip 02921
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
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\* 1 3 1 3 5 6 \*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 11/4/04  
Check No. 268  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] 09/14/04  
Signature of Authorized Person Date  
James E. Diko  
Print or Type Name of Authorized Person